

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25.20

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City Mo.

Registration District No. 85
Primary Registration District No. 1001
(No. 1516 Holman)

File No. _____
Registered No. 845
St. _____ Ward _____

2. FULL NAME Rachel Jane Mitchell

(a) Residence, No. 1516 Holman
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Auston Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison, Kansas

13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

15. MAIDEN NAME Fannie Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

17. INFORMANT (ADDRESS) Minnie Payne
505 N. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cemetery DATE Aug. 26 1933

19. UNDERTAKER (ADDRESS) RAMSEY'S MORTUARY
9th & Olive Sts.

20. FILED 8-25-1933 John T. Baker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23/1933

22. I HEREBY CERTIFY, That I attended deceased from 10 August 1933, to 23 August 1933

I last saw her alive on 23 August 1933 Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage-Hemiplegia
left side

Date of onset
8-10
33

Other contributory causes of importance:

Arterio-sclerosis

1-17
33

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury _____ 1933

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Lee Stroman, M. D.

(Address) 1908 Nessanie Street
St. JOSEPH, MO.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

231
2
31
31

